Schedule E)	PAGE 1 OF 30 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC							
	C C00530766						
heck if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee	Date of Public Distribution/Dissemination						
Hannah J Landry	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 1110 N Coolidge	Amount						
City State Zip Code	100.00						
Gonzales LA 70737	Transaction ID: 6968fdd3-f2f6-434a-b Date of Disbursement or Obligation						
Purpose of Expenditure Salary Category/ Type 001	11 17 2014						
Name of Federal Candidate Support Offic	e Sought: House District: 00						
Ms. Mary L Landrieu Oppose	President State: LA						
Calendar Year-To-Date Per Election for Office Sought Disb 286786.91 Disb	ursement For: Primary X General Other (specify) ▶						
Full Name of Payee	Date of Public Distribution/Dissemination						
Hannah J Landry	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 1110 N Coolidge	Amount						
City State Zip Code	19.50						
Gonzales LA 70737	Transaction ID : 9accd929-4eb4-4e75-b Date of Disbursement or Obligation						
Purpose of Expenditure Mileage Category/ Type 002	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Office	e Sought: House District: 00						
Ms. Mary L Landrieu Oppose	President X Senate State: LA						
Calendar Year-To-Date Per Election for Office Sought Disb 286786.91	ursement For: Primary X General 4 Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	119.50						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	11 20 / Y Y Y Y Y Y Y						
Signature							

Schedule E)	TI EXI END	TOTILO		PAGE 2 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y N Y N Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mary C Lee				11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amou	nt
City	State	Zip Code		100.00
Gonzales	LA	70737		action ID : 16962c86-27ea-4f0e-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 17 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	286786.91	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name of Payee	_		Date of	of Public Distribution/Dissemination
Mary C Lee			M	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amou	nt
City	State	Zip Code		19.50
Gonzales	LA	70737		ction ID: b7384863-6341-481a-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 17 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	286786.91	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			119.50
				7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	20 / 2014

Sch	nedule E)	\1 m					PAGE 3 OF 30 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Chec	ck if 🔀 24-hour report 🗌 48-hour report 🔀	New repo	ort Am	nends repc	ort filed on	M = M /	/ D = D / Y = Y = Y
T_{I}	Full Name of Payee				Da	±∽ of Public	c Distribution/Dissemination
	Amanda Boley					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address Split Oak Drive				Am	nount	
(City State	.e	Zip Code				67.50
	charlotte	;	28227				ID: b6073003-8fc0-41f7-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		11	18 2014
T	Name of Federal Candidate		<u> </u>	Support	Office Sor	uaht:	House District: 00
	Ms. Mary L Landrieu			Oppose		_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	286786.91		Disbursen 2014	nent For: Other (sp	Primary
	Full Name of Payee				Da	ate of Publi	ic Distribution/Dissemination
	Amanda Boley					м - м 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address Split Oak Drive				<u> </u>		
	·				An	nount	
	City State	te	Zip Code				17.37
	charlotte NC	:	28227		Tra l	nsaction II te of Disb	D : 390bd59a-f375-4994-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		11	18 2014
	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		286786.9	1	Disburser 2014	ment For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				· •	- - -	84.87
(k	b) SUBTOTAL of Unitemized Independent Expenditures				. •		
(0	C) TOTAL Independent Expenditures				·· •		
W	Inder penalty of perjury I certify that the independent expirith, or at the request or suggestion of, any candidate or arry committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M M	/ 20	2014
	Signature		_				

Schedule E)	LIVI EXI END	TTOTILO		PAGE 4 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Joshua J Huffman			11	18 / 2014
Mailing Address 211 Dixie Ave			Amount	
City	State	Zip Code		62.50
Harrisonburg	VA	22801		n ID: 6623a7d9-3453-47e5-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	286786.91	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Antoinette Franklin			11	18 2014
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70188		ID: d996caa3-6039-4910-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	286786.91	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			122.50
,			-	7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			· •	r
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 20	

Schedule E)		DENT EXTEND			PAGE 5 OF 30 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	peak Out PAC				C C00530766
Check if X 24	48-hour report 48-hour repor	t New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Antoine	of Payee tte Franklin			M	of Public Distribution/Dissemination
Mailing Add	ress 8822 Apple St			Amour	11 18 2014
City		State	Zip Code		12.00
New Orlear	ns	LA	70188		action ID : ad279371-feb5-4663-8 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	М	11 18 2014
Name of Fe	ederal Candidate		Support	Office Sought	:: House District: 00
Ms. Mary L	Landrieu		Oppose	Preside	
	ar Year-To-Date ection for Office Sought	2	286786.91	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Tammay	y Williams				of Public Distribution/Dissemination
				Amour	nt
City New Orlear	ns	State LA	Zip Code 70116		80.00 ction ID : 3296874a-99c7-47ec-a
Purpose of Salary	Expenditure		Category/ Type 001	M	of Disbursement or Obligation 11 18 2014
Name of Fe	ederal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	ent Senate State: LA
	dar Year-To-Date ection for Office Sought		286786.91	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTA	AL of Itemized Independent Expe	nditures		•	92.00
(b) SUBTOTA	AL of Unitemized Independent Ex	penditures		· •	
(c) TOTAL In	ndependent Expenditures			•	7 7 7
with, or at the		andidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	LIVI EXI EIVD	ITOTILO		PAGE 6 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M	ic Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	18 2014
City	State	Zip Code		15.00
New Orleans	LA	70116		ID: 4ef025f9-09e3-4865-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	286786.91	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Tammay Williams			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70116		D: 5faed262-8ce3-4cc6-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		. •	95.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(a) actions of children independent Expe	nataree			77 70
(c) TOTAL Independent Expenditures			· •	79-11-79-1
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 20	2014
· ·				

Schedule E)	IN EXILID	ITOTIES		PAGE 7 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M	f Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amoun	11 18 2014 t
		7: 0 1		45.00
City New Orleans	State LA	Zip Code 70116		15.00 ction ID: ea65b9fb-b014-4d8c-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Francesca Blom				11 18 2014
Mailing Address 101 Asbury Ct			Amoun	t
City	State	Zip Code		75.00
Winchester	VA	22602		ction ID : 69d643d0-95de-4105-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 18 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	286786.91	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			90.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	20 / 2014
Signature				

Schedule E)	INT EXI END	TTOTILO		PAGE 8 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Eva M Johnston			11	18 / 2014
Mailing Address 2517 N 47th St			Amount	
City	State	Zip Code		25.00
Milwaukee	WI	53210		ID: 2e219066-8e9c-4319-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Noah J Smith			11	18 / 2014
Mailing Address 41174 Bertville Rd			Amount	
City	State	Zip Code		25.00
Gonzales	LA	70737		D: edc2187b-4ff7-4023-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-55	286786.91	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			50.00
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· >	7
(c) TOTAL Independent Expenditures)	1 7 1 5
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 20	2014
- 3				

Schedule E)	I EXI END	TTOTILO		PAGE 9 OF FOR SE OF FORM 2	30 4/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUM	
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y T	Y
Full Name of Payee Christopher Marquess					YY
Mailing Address 110 W Pecan St			Amou	11 18 201 nt	4
City	State	Zip Code			50.00
Ville Platte	LA	70586		action ID : 8022696e-fc88-49 of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 18 / 201	4
Name of Federal Candidate		Support	Office Sough	t: House District:	00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursemen 2014 O	t For:	General
Full Name of Payee			Date	of Public Distribution/Dissemin	ation
Christopher Marquess				11 18 20°	14
Mailing Address 110 W Pecan St			Amou		
City	State	Zip Code	— I.	37	7.20
Ville Platte	LA	70586	Transa Date	action ID: 87b85ccb-5b85-42of Disbursement or Obligation	30-9
Purpose of Expenditure Mileage		Category/ Type 002		11 18 201	
Name of Federal Candidate		Support	Office Sough	t: House District:	00
Ms. Mary L Landrieu		Oppose	Presid		LA
Calendar Year-To-Date Per Election for Office Sought	7 7	286786.91	Disbursemer 2014 C	nt For:	General
(a) SUBTOTAL of Itemized Independent Expenditure	26			87.2	20
(a) CODICINE OF HOMIZED INDEPENDENT EXPONDITURE	,0			3	.0
(b) SUBTOTAL of Unitemized Independent Expendit	:ures		· •		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	20 / 2014	
Signature					

Schedule E)	LIVI EXI END	THORIES		PAGE 10 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Christopher Marquess			Date of Publi	ic Distribution/Dissemination
Mailing Address 110 W Pecan St			11	18 2014
			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		ID: 75ce202f-d427-4b98-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Christopher Marquess			M = M 11	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		37.20
Ville Platte	LA	70586		D: 409d2c50-fa67-404e-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	286786.91	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. •	87.20
			7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		• •	7
(c) TOTAL Independent Expenditures)	49-11-49-1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 20	2014
3.9				

Sch	edule E)	. L /(1 L.(2)	1101120		PAGE 11 OF 30 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
				V	M = M / D = D / Y = Y = Y
	k if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
	Full Name of Payee Donna S Wilson				of Public Distribution/Dissemination
M	Mailing Address 4456 Country Hill Dr			Amou	11 18 2014 unt
L					
- 1	Dity	State	Zip Code	Trons	10.00
\perp	Baton Rouge	LA	70816		saction ID : ac0386eb-bef9-4f68-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, 2	286786.91	Disbursemen 2014	nt For:
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Donna S Wilson			7	M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
N	Mailing Address 4456 Country Hill Dr				11 10 2014
	•			Amou	unt
	Dity	State	Zip Code		7.20
	Baton Rouge	LA	70816	Transa Date	action ID: 74885bd9-c4a5-44a2-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 / 18 / 2014
٦	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	,	286786.91	Disbursemer 2014	ent For: Primary X General Other (specify)
(a)) SUBTOTAL of Itemized Independent Expenditures	S		•	17.20
(b)) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	171171171
(c)) TOTAL Independent Expenditures			· [
wit	nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidate try committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	20 / 2014
	Signature		_		

Schedule E)	LIVI EXI LIVE	TOTIES		PAGE 12 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Francis Richardson			M = M	lic Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amount	18 2014
Cit.	Chaha	7:- Code		25.00
City Lafayette	State LA	Zip Code 70503		35.00 ID: 078279d3-cd44-49ea-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	286786.91	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Francis Richardson			Date of Pub	lic Distribution/Dissemination
Mailing Address 220 Doucet Rd			11	18 2014
			Amount	
City	State	Zip Code		0.81
Lafayette Purpose of Expenditure	LA	70503		ID: 54b2e827-3946-42d2-8 oursement or Obligation
Mileage		Category/ Type 002	11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures			35.81
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(4) 30213112 01 01110111202 1113090110011 2.190				72
(c) TOTAL Independent Expenditures)	292
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 20	2014
5.g. a.a.				

S	chedule E)	I EXI END			PAGE 13 OF 30 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Colton R Overcash			Date	e of Public Distribution/Dissemination
					11 18 2014
	Mailing Address 121 Ohara Dr			Amo	punt
	City	State	Zip Code		96.00
	Salisbury	NC	28147		nsaction ID : b9f8b1bf-d659-4b38-a e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y 1 1 1 1 1 1 8 2014
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought		286786.91	Disburseme 2014	ent For:
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Colton R Overcash				11 18 2014
	Mailing Address 121 Ohara Dr			Amo	punt
	City	State	Zip Code		65.70
	Salisbury	NC	28147		saction ID : 5d33a7c3-15a5-46dc-8 e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M 11
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pres	ident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	286786.91	Disburseme 2014	ent For: ☐ Primary ☐ General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditure	es			161.70
	(4, 002101112 01 100111200 1100101111111111				7 7
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		·· •	7 7
	(c) TOTAL Independent Expenditures			•	
	Under penalty of perjury I certify that the independent, with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	20 2014
	Signature				

Schedule E)	INI EXI END	ITOTILO		PAGE 14 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Christopher L Gilbert			Date of Public	Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	18 2014
Cit.	Chaha	Zin Code		20.00
City Picayune	State MS	Zip Code 39466	l l	80.00 D : e61a59eb-20fd-4317-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	.,,	286786.91	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Christopher L Gilbert			Date of Public	Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	18 2014
City	State	Zip Code		45.00
Picayune	MS	39466		: 5db6da3e-1f74-4af0-9 resement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	286786.91	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	tures		•	125.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
			7	7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 20	2014
Signature				

Schedule E)	INI EXI END	HONES		PAGE 15 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Christine Stevens			Date of Public	Distribution/Dissemination
			M M /	18 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		D: 4b0ab6d8-0ee4-4a81-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of bisbu	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	: Distribution/Dissemination
Jon E Conner			11 /	18 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		: 0ff1fa74-338b-4b46-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	286786.91	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			140.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
() 			1 1 1	
(c) TOTAL Independent Expenditures)	42
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 20	2014
Signature				_

Schedule E)	1 110E: E::DE:: -	Al mita.	1011=0				PAGE 16 FOR SE OF I	OF 30 FORM 24/48
NAME OF COMMITTEE (In Full)						FEC II	DENTIFICATIO	
Women Speak Out PA	√C					C	C00530766	
		7				M M	/ D D /	Y Y Y
Check if 24-hour report	48-hour report	New repo	ort Ame	ends repo	ort filed on			
Full Name of Payee Rodney D Culbreth					Da	M M	ic Distribution/D	Y Y Y Y
Mailing Address 100 Asbury	СТ				An	11 nount	18	2014
3200 Dam	Neck Rd					Iouri		
City	State		Zip Code					70.00
Winchester	VA	١	22602				ID : 49d8ee7d - ursement or Ob	
Purpose of Expenditure Salary			Category/ Type	001		11	18	2014
Name of Federal Candidate			S	Support	Office So	ught:	House D	istrict: 00
Ms. Mary L Landrieu				Oppose	Pre	sident	Senate	State: LA
Calendar Year-To-Date Per Election for Office S	Sought	2	86786.91		Disburser 2014	nent For: Other (sp	Primary pecify) ▶	X General
Full Name of Payee					Da	ate of Publi	ic Distribution/E	Dissemination
Jazmine d Conner						M M M	/ D D /	2014
Mailing Address 100 ASB	IRV CT					11	18	2014
1007.52	JICT OT				Ar	nount		
City	Stat	te	Zip Code					70.00
WINCHESTER	VA	A	22602				D: e98dbe52-c	
Purpose of Expenditure Salary			Category/ Type	001		11	18	2014
Name of Federal Candidate			<u>'</u>	Support	Office So	ught:	House D	District: 00
Ms. Mary L Landrieu				Oppose			X Senate	State: LA
Calendar Year-To-Date Per Election for Office S	Sought		286786.91		Disburser 2014	ment For:	Primary pecify) ▶	General
(a) SUBTOTAL of Itemized In	ndependent Expenditures				•			140.00
(b) SUBTOTAL of Unitemized	I Independent Expenditures							
(c) TOTAL Independent Expe	nditures				•		7	
Under penalty of perjury I ce with, or at the request or sug party committee) any political	gestion of, any candidate or	authorized						
Ms. Emily Buchan	an	[Electroni	ically Filed]	Date	M M M	/ 20	2014	
Signature			_					

Schedule E)	IN EXIEND	ITORES		PAGE 17 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Rze Culbreath			M - M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		D: 59b39fe1-a7cb-4ebd-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	000700.04			Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Rodney O Culbreath			11 /	18 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		D: 65a04e44-cd69-494e-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	286786.91	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			140.00
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 20	2014
•				

Schedule E)	INT EXICINE	ITOTIES		PAGE 18 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Alice K Salazar				Distribution/Dissemination
Mailing Address 605 W Houston St			11 /	18 2014
5 000 W Houston of			Amount	
City	State	Zip Code		70.00
Marshall	TX	75633		D: 803475f4-f277-4e06-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	286786.91	Disbursement For: 2014 Other (spe	Primary ☐ General ecify) ►
Full Name of Payee			Date of Public	Distribution/Dissemination
Alice K Salazar			11 /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		48.90
Marshall	TX	75633		: 0135de0e-0191-44f3-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			118.90
(I) OUDTOTAL (III II I	19		1 1 1	
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 20	2014
Signataro				

Schedule E)	INT EXILIND	ITOTILO		PAGE 19 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz			М = М	ic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	18 2014
City	State	Zip Code		90.00
Keithville	LA	71047		ID: 8229d69a-0a32-416c-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	286786.91	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jessica R Resendiz			M M 11	18 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		25.80
Keithville	LA	71047		D: 197d7433-1ed5-483a-9 cursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	286786.91	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			115.80
(b) SUBTOTAL of Uniternized Independent Exper	ditures			
(2) 22 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				45
(c) TOTAL Independent Expenditures			•	75
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 20	2014
- 3				

Schedule E)	AT 1115.1.5.1.1.5	PAGE 20 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St		11 18 2014 Amount
City Sta:	te Zip Code	90.00
Keithville LA	·	Transaction ID : 7c957ffd-22d2-4844-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
Name of Federal Candidate	Support Office	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	286786.91 Disb 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt A2		Date of Public Distribution/Dissemination 11 18 2014
		Amount
City Sta Berryville V	'	Transaction ID : 342a199b-22ce-4028-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	286786.91 Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures.	•	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	IVI EXI END	ITOTILO		PAGE 21 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Carl Brent			M 11	
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70126		tion ID: 22f279b5-ebe9-481c-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	2	286786.91	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Carl Brent			M1	
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		15.60
New Orleans	LA	70126		ion ID: 70615535-1f4f-4a4e-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	286786.91	Disbursement F 2014 Othe	For:
(a) SUBTOTAL of Itemized Independent Expendit	ıres			95.60
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		20 / 2014
- 3				

			FOR SE OF	FORM 24/48
	F COMMITTEE (In Full)	FEC	IDENTIFICATI	ON NUMBER ▼
vvom	en Speak Out PAC	С	C00530766	
Check if	24-hour report 48-hour report New report Amends report filed on	M = M	/ D D /	Y Y Y Y Y
		e of Pul	blic Distribution	/Dissemination
	licia A Jones	M = M	18	2014
Maili	ng Address 4106 Martha St	ount		
City	State Zip Code			80.00
	Date		n ID : cb8f1d4f	
Purp Sala	ose of Expenditure ory Category/ Type 001	M 11	18	2014
Nam	e of Federal Candidate Support Office Sou	ght:	House	District:00
Ms.	Mary L Landrieu Oppose Pres	ident	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbursem 286786.91		: Primary	/ Keneral
	Name of Payee Dat icia A Jones		blic Distribution	/Dissemination
Mail	ng Address 4106 Martha St	ount		
City	State Zip Code			8.40
	Dat		n ID: 34cecbcd sbursement or	
	ose of Expenditure age Category/ Type 002	11 11	18	2014
Nam	e of Federal Candidate Support Office Sou	ght:	House	District:00
Ms.	Mary L Landrieu Oppose Pres	ident	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2014		: Primary	y X General
(a) S	JBTOTAL of Itemized Independent Expenditures		7 7	88.40
(b) S	JBTOTAL of Unitemized Independent Expenditures		7	
(c) T	DTAL Independent Expenditures		, , , ,	
with,	penalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (committee) any political party committee or its agent.			
Sir	Ms. Emily Buchanan [Electronically Filed] Date 11	/ 20		14 Y
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PAGE

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Schedule E)	INT EXICINE	ITOTILO		PAGE 23 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Gregory Green			11	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		on ID: 3362366c-6bd2-4eb4-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	286786.91	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Gregory Green			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		43.20
Shreveport	LA	71104		n ID: b3141f3f-609d-4f70-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	286786.91	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	ures			123.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 20	

Schedule E)	INI EXI END	ITOTILO		PAGE 24 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Lilly Green			11	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119		n ID: 4d532fa3-badf-4e2b-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For 2014 Other (: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Lilly Green			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		54.30
Shreveport	LA	71119		n ID: 62f4410c-6c72-4d7f-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 M	/ D 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			134.30
				7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· • · · · · · · · · · · · · · · · · · ·	7- 1 75- 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 20	
- 3				

Schedule E)	TI EXI END	TOTILO		PAGE 25 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jeanne Tribou			11 11	18 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		25.00
Mandeville	LA	70471		ID: aa9abab4-c79a-4cd4-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	86786.91	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Jeanne Tribou			11	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		7.80
Mandeville	LA	70471		D: 9c85cc03-f289-45c0-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	286786.91	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			32.80
,,				7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures)	79. 1 79. 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 20	2014
- 9				

Schedule E)	INT EXTEND	HONES	⊢	PAGE 26 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Cynthia N Schmit			11 /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2226 Taft Circle Apt 1			Amount	
City	State	Zip Code		22.50
Winchester	VA	22601		: c4c36e8e-00d8-4c3e-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	111	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		286786.91	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Cynthia J Christmas			11 /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St			Amount	
City	State	Zip Code		65.00
New Orleans	LA	70116		: 5b04a487-3b1a-4a5a-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	286786.91	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures			87.50
(4) 30213112 01 11011120 1110201112011 2.1.poi.ta			7	51.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures)	7
(c) TOTAL Independent Expenditures			•	1 7 1 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 20	2014
Ŭ				

Schedule E)		JEIII E E E E E E E E E E E E E E E E E	1101120		PAGE 27 OF 30 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if X 24	48-hour report 48-hour repor	t New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Cynthia	of Payee J Christmas				of Public Distribution/Dissemination
Mailing Add	ress 1731 Frenchmen St			Amou	11 17 2014
C:+v		Ctoto	7'n Codo		12.00
City New Orlea	ns	State LA	Zip Code 70116		12.00 action ID : bd443ed8-383a-415e-b of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	ent Senate State: LA
	lar Year-To-Date ection for Office Sought	, , ,	286786.91	Disbursemen 2014 O	t For:
Full Name Elvis Sp					of Public Distribution/Dissemination
Mailing Add	ress 2150 Hope St			Amou	11 18 2014 nt
City		State	Zip Code		80.00
New Orlea		LA	70119	Transa Date	ction ID: d2b52d52-1f45-47bb-8 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	N/	11 / 18 / 2014
Name of Fe	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	
	dar Year-To-Date ection for Office Sought		286786.91	Disbursemen 2014 O	t For:
(a) SUBTOT	AL of Itemized Independent Expe	nditures			92.00
(b) SUBTOT	AL of Unitemized Independent Ex	penditures		•	
(c) TOTAL	ndependent Expenditures			· .	7
with, or at th		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	20 / 2014
Signature					

Schedule E)		1101.20		PAGE 28 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Elvis Spears			M	11 18 2014
Mailing Address 2150 Hope St			Amou	nt
City	State	Zip Code	-	12.60
New Orleans	LA	70119		action ID : 1eb6247d-0184-4782-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 18 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	286786.91	Disbursement 2014 Or	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Heather Ainsworth			IV	11 18 2014
Mailing Address 9685 Paula St				11 10 2014
			Amou	nt
City	State	Zip Code		100.00
Keithville	LA	71047		oction ID: 44428f79-f546-455e-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	286786.91	Disbursemen 2014 O	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			· •	112.60
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· [7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	20 / 2014
Signature		_		

Schedule E)	VI EXI END	ITOTIES		PAGE 29 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth			Date of Public	Distribution/Dissemination
Mailing Address 9685 Paula St			11	18 2014
			Amount	
City	Sity State Zip Code			16.20
Keithville	LA	71047		D: 77d1ac5a-eeac-48b8-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	286786.91	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Zachary Vidrine			M M /	18 2014
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		70.00
Ville Platte	LA	70586		: de0b5c75-6659-457a-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	286786.91	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			86.20
			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures)	
(c) TOTAL Independent Expenditures)	9 1 20
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 20	2014
Olgitature				

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour r	report New repo	ort Amends repo	rt filed on	- M / D - D / Y - Y - Y - Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Zachary Vidrine				11 18 2014
Mailing Address 202 Rue Des Cajun			Amou	nt
City	State	Zip Code		18.90
Ville Platte	LA	70586		action ID : bfed14a7-9a28-4668-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	286786.91	Disbursemen 2014	
	7			ther (specify) ►
Full Name of Payee				of Public Distribution/Dissemination
Mailing Address			Amou	nt
City	State	Zip Code		
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		A = M / D = D / Y = Y = Y = Y
Name of Federal Candidate		Support	Office Sough	nt: House District:
		Oppose	Preside	
Calandar Var. T. D.:			Disbursemen	
Calendar Year-To-Date Per Election for Office Sought	7			Other (specify)
(a) SUBTOTAL of Itemized Independent I	Expenditures			18.90
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures			•	3003.68
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M = M /	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

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OF